

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MH	3541920	01-31-01
RESPONSE FORMALITY REVIEW	R.B.	1078	07/18/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date				
Final: Original	6	11	12	13	15
1	✓	✓	✓	✓	✓
2	✓	✓	✓	✓	✓
3	✓	✓	✓	✓	✓
4	✓	✓	✓	✓	✓
5	✓	✓	✓	✓	✓
6	✓	✓	✓	✓	✓
7	✓	✓	✓	✓	✓
8	✓	✓	✓	✓	✓
9	✓	✓	✓	✓	✓
10	✓	✓	✓	✓	✓
11	✓	✓	✓	✓	✓
12	✓	✓	✓	✓	✓
13	✓	✓	✓	✓	✓
14	✓	✓	✓	✓	✓
15	✓	✓	✓	✓	✓
16	✓	✓	✓	✓	✓
17	✓	✓	✓	✓	✓
18	✓	✓	✓	✓	✓
19	✓	✓	✓	✓	✓
20	✓	✓	✓	✓	✓
21	✓	✓	✓	✓	✓
22	✓	✓	✓	✓	✓
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25	✓	✓	✓	✓	✓
26	✓	✓	✓	✓	✓
27	✓	✓	✓	✓	✓
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30	✓	✓	✓	✓	✓
31	✓	✓	✓	✓	✓
32	✓	✓	✓	✓	✓
33	✓	✓	✓	✓	✓
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43	✓	✓	✓	✓	✓
44	✓	✓	✓	✓	✓
45	✓	✓	✓	✓	✓
46	✓	✓	✓	✓	✓
47	✓	✓	✓	✓	✓
48	✓	✓	✓	✓	✓
49	✓	✓	✓	✓	✓
50	✓	✓	✓	✓	✓

Claim	Date				
Final: Original					
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Claim	Date				
Final: Original					
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If more than 150 claims or 10 actions
 staple additional sheet here

(1 FET INSIDE)

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